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contents.

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	CRD5046
First Inventor	Donald K. Jones, et al.
Title	Activatable Bioactive Implantable Medical Device And Method Of Use
Express Mail Label No.	FIA65000082LIS Ø

(only for new nonprovisional applications under 37 CFR

APPLICATION ELEMENTS

ADDRESS TO: Mail Stop Patent Application Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Fee Transmittal Form (e.g., PTO/SB/17)

See MPEP Chapter 600 concerning utility patent application

(submit an original and a duplicate for fee processing)

Applicant claims small entity status.

3. Specification [Total Pages 17] (Preferred arrangement set forth below)

Descriptive Title of the Invention

- Cross Reference to Related Applications

- Statement Regarding Fed sponsored R&D

- Reference to sequence listing, a table, or a computer program listing appendix

- Background of the Invention

- Brief Summary of the Invention

- Brief Description of the Drawings (if filed)

- Detailed Description

Prior application information:

Name:

- Claim(s)
- Abstract of the Disclosure
4. ☑ Drawing(s)(35 USC 113) [Total Sheets 5] 5. Oath or Declaration [Total Pages 4] a. ☑ Newly executed (original or copy) b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed) i. □ DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

7 1101141141141 111141
7. CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence
Submission (if applicable, all necessary)
a. Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. 🔲 CD-ROM or CD-R (2 copies); or
_ii. □ paper
c. Statement verifying identity of above copies
ACCOMPANYING APPLICATION PARTS
9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney
(when there is an assignee)
11. English Translation Document (if applicable)
12. Information Disclosure Statement
(IDS)/PTO-1449
13. Preliminary Amendment
14.⊠ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
_(if foreign priority is claimed)
16. Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form
_ PTO/SB/35 or its equivalent.
17. Other

Group Art Unit: Examiner: Examiner: Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS □ Customer Number or Bar Code Label 000027777 or Correspondence Address below Philip S. Johnson, Esa.

Group Art Unit:

18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a

preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: ☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.:

Examiner:

Address:	Johnson & Johnson	
	One Johnson & Johnson Plaza	
	New Brunswick, NJ 08933-7003 USA	
	20. TELEPHONE CONTACT	
Please dire	ect all telephone calls or telefaxes to Henry W. Collins at:	
Telephone	e: (786) 313-2707 Fax: (786) 313-2747	
	21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	

NAME Michael-W Reg. No. 35,958 **SIGNATURE**

DATE December 17, 2003

FEE TRANSMITTAL

Complete if Known		
Application Number	Unknown	
Filing Date	December 17, 2003	
First Named Inventor	Donald K. Jones, et al.	
Group Art Unit	Unknown	
Examiner Name	Unknown	
Attorney Docket Number	CRD5046	

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	18 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	8 - 3 =	5	x 84.00	\$420.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$280.00	
			TOTAL FEES	\$1,190.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/CRD5046/HWC in the amount of \$1,190.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/CRD5046/HWC. Three copies of this sheet are enclosed.

SUBMITTED B	Complete (if applicable)	
Typed or Printed Name	Michael W. Montgomery	Reg. No. 35,958
Signature	Date: December 17	Deposit Account

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Donald K. Jones

Juan A. Lorenzo Mark L. Pomeranz Darren Sherman

Filed:

December 17, 2003

For:

Activatable Bioactive Implantable Medical Device And Method Of Use

Express Mail Certificate

"Express Mail" mailing number: EI465909082US

Date of Deposit: December 17, 2003

I hereby certify that this complete application, including specification pages, claims, Declaration and Power of Attorney, Assignment and formal drawings are being deposited with the United Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Jose Laguardia

Typed or printed name of person mailing paper or fee)

gnature of person mailing paper or fee)